



TEAM Professionalism Rating Report

Teacher Name _____ Date _____

License Number _____

Evaluator Name _____ School Name _____

Indicator	Score
1. Professional Growth and Learning	
2. Use of Data	
3. School and Community Involvement	
4. Leadership	

Area of Reinforcement:

Area of Refinement:

Evaluator Signature _____ Date _____

Teacher Signature _____ Date _____